

LAW OFFICES OF
JAY GOLDBERG, P.C.

| |
|---|
| USDS SDNY DOCUMENT ELECTRONICALLY FILED DOC #: DATE FILED <u>11/1/07</u> NEW YORK, NY 10177-0077 |
|---|

NEW YORK, NY 10177-0077

October 31, 2007

TELEPHONE (212) 983-6000
TELECOPIER (212) 983-8008

BY FAX (212) 805-7900

Honorable Kimba M. Wood
United States District Judge
Southern District of New York
500 Pearl Street
New York, New York 10007

MEMO ENDORSED

RE: United States v. Ianniello et al, 05 Cr. 774 (KMW)

Dear Judge Wood:

As the Court is aware, Matthew Ianniello is currently incarcerated at FMC Butner.

This letter is to respectfully request that the Court order the release to Peter Ianniello of \$150,000 bail posted by his brother Oscar Ianniello. As the Court may recall from previous correspondence, Oscar Ianniello died on April 4, 2006.

Enclosed for the Court's review are Oscar Ianniello's death certificate, the Letters Testamentary granted to Peter Ianniello, and a copy of the receipt for the posting of the \$150,000 bail.

Respectfully,

JAY GOLDBERG, P.C.

By

Jared Lefkowitz

cc: AUSA Timothy Treanor

SO ORDERED: N.Y., N.Y.

10-31-07

Kimba M. Wood

KIMBA M. WOOD
U.S.D.J.

Surrogate's Court
401656 of the County of New York

CERTIFICATE OF LETTERS TESTAMENTARY
The People of the State of New York

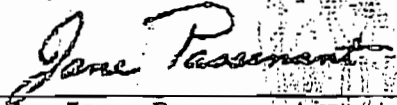
Index# 2006-1804

To all to whom these presents shall come or may concern,

Know Ye, that we, having inspected the records of our Surrogate's Court in and for the County of New York, do find that on February 20, 2007 by said court, LETTERS TESTAMENTARY on the estate of Oscar Ianello deceased, late of the County of New York were granted unto Peter Ianello, the executor(s) named in the last Will and Testament of said deceased, and that it does not appear by said records that letters have been revoked.

In Testimony Whereof, we have caused the Seal of the Surrogate's Court of the County of New York to be hereunto affixed.

WITNESS, Honorable Renee R. Roth, a Surrogate of the County of New York, this 26TH Day of February, 2007.



Jane Passenant

Clerk of the Surrogate's Court

* THIS CERTIFICATE IS NOT VALID WITHOUT A RAISED SEAL OF THE COURT *

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 NEW YORK CITY
 DEPARTMENT OF HEALTH
 AND MENTAL HYGIENE
 4/6/2006 9:56:21 PM

CERTIFICATE OF DEATH Certificate No. 156-06-014898

1. DECEDENT'S
 LEGAL NAME Oscar Tanello

| | | | | |
|--|--|---|---|--|
| MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician) | 26. New York City 27. Borough 28. Death | 29. Type of Facility 1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival | 4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____ | 29. Name of hospital or other facility (if not facility, address specified) <u>Beth Israel medical center</u> |
| | 30. Date and Time of Death 31. Month 32. Day 33. Year | 34. Time 35. AM 36. PM | 37. Sex 38. Male 39. Female | 40. Date last attended by a Physician 41. Month 42. Day 43. Year |
| 6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge no traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate. | | | | |
| Name of Physician <u>S. Shrinivas / P. Chandra</u> Signature: <u>[Signature]</u> Address: <u>1651 1st Ave, N.Y. N.Y. 10003</u> License No. <u>232875</u> Date <u>04/04/2006</u> | | | | |
| 74. Usual Residence State <u>NY</u> 75. County <u>New York</u> 76. City or Town <u>Manhattan</u> 77. Street and Number <u>20 East 9 Street</u> 78. Apt. No. <u>8J</u> 79. ZIP Code <u>10003</u> 79. Inmate City 80. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 8. Date of Birth (Month) (Day) (Year) <u>April 20, 1917</u> 9. Age at last birthday (years) <u>88</u> 10. Under 1 Year 11. Under 1 Day 12. Social Security No. <u>082-05-1078</u> | | | | |
| 11a. Usual Occupation (Type of work done during most of work life) <u>Real Estate Executive</u> 11b. Kind of business or industry <u>Real Estate</u> 12. Aliases or AKAs <u>Oscar Z. Tanello</u> | | | | |
| 13. Residence (City & State or Foreign Country) <u>N.Y. City</u> 14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> No grade entered; none 2 <input type="checkbox"/> 8th - 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSc) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSc, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) | | | | |
| 15. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Marital Status at Time of Death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Married, but separated 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Unknown 17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last) <u>Paula Timpano</u> | | | | |
| 18. Father's Name (First, Middle, Last) <u>Peter Ianniello</u> 19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) <u>Micheline Zarrella</u> | | | | |
| 20a. Informant's Name <u>Peter A. Ianniello</u> 20b. Relationship to Decedent <u>Son</u> 20c. Address (Street and Number) (Apt. No.) (City & State) (ZIP Code) <u>20 West Westminster Road Lake Forest, IL 60045</u> | | | | |
| 21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____ 21b. Place of Disposition (Name of cemetery, crematory, other place) <u>Calvary Cemetery</u> | | | | |
| 21c. Location of Disposition (City & State or Foreign Country) <u>Woodside, New York</u> 21d. Date of Disposition <u>04/08/2006</u> | | | | |
| 22a. Funeral Establishment <u>Michael DeLuca Funeral Home</u> 22b. Address (Street and Number) (City & State) (ZIP Code) <u>2005 W. 6 Street Brooklyn, NY 11223</u> | | | | |

Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz
 Steven P. Schwartz, Ph.D., City Registrar

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by § 2.21 of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

DATE ISSUED

APR 6, 2006

DOCUMENT No. V168005

DEBIT — INDIVIDUAL LEDGERS

RECORD OF
CERTIFIED CHECK

Valley National Bank

2014905

BRANCH#

133

DATE

8/4/05

DATE OF CHECK

8-4-05

CHECK NO.

8405 612

AMOUNT \$150,000⁰⁰

PAYEE

Clerk of Court SDNY

CHARGE
ACCOUNT
OF

Don Z. Iannello

TELLER STAMP

ACCT. NO.

1233324

TELLER'S INITIALS

SD

CERTIFYING OFFICER

1584

ORIGINAL-WHITE

DUPLICATE-YELLOW

TRIPLICATE-PINK

RECEIPT FOR PAYMENT

UNITED STATES DISTRICT COURT

for the

SOUTHERN DISTRICT OF NEW YORK

E 551767

at

RECEIVED FROM

OSCAR Z. Iannello

USA - v - Matthew Iannello

OSCR 774 / M19-1-12055

Cash Bail

Fund

6855XX
604700

Deposit Funds

Registry Funds

General and Special Funds

508800

Immigration Fees

085000

Attorney Admission Fees

086900

Filing Fees

322340

Sale of Publications

322350

Copy Fees

322360

Miscellaneous Fees

143500

Interest

322380

Recoveries of Court Costs

322386

Restitution to U.S. Government

121000

Conscience Fund

129900

Gifts

504100

Crime Victims Fund

613300

Unclaimed Monies

510000

Civil Filing Fee (1/2)

510100

Registry Fee

Checks and drafts are accepted subject to collection and full credit will only be given when the check or draft has been accepted by the financial institution on which it was drawn.

DATE

20

Cash

Check

M.O.

Credit

DEPUTY CLERK:

MG